

UNITED STATES DISTRICT COURT
for the
NORTHERN DISTRICT OF CALIFORNIA

VICTIM ADDRESS CHANGE FORM

This form is to be used by a victim or a victim’s authorized representative to change the address of a criminal restitution victim. Once approved, all future restitution payments will be sent to the new address. For details on how to complete and submit this form, please see Instructions for Completing Victim Address Change Form on page 2 of this form.

SECTION 1 - VICTIM INFORMATION

a. Victim Name (as it appears in the judgment(s)): b. Court Criminal Case Number(s):

c. Defendant(s) Name(s): d. Victim No. Assigned by U.S. Attorney’s Office if known:

Address on File (Previous Address)
If more than one previous address, please attach a separate sheet listing all previous addresses.

e. Street:

f. City: g. State: h. Zip:

i. Phone: j. Email:

k. [] Check if request is being made by an authorized representative of the victim.

Victim representative name:

Representative’s relationship to victim: [] Parent [] Legal guardian [] Legal counsel

[] Other (please specify):

SECTION 2 - NEW ADDRESS

l. Street:

m. City: n. State: o. Zip:

p. Phone: q. Email:

SECTION 3 - SUPPORTING DOCUMENTATION

r. [] Check to indicate the undersigned has read ‘Instructions for Completing Victim Address Change Form’ on page 2 of this form and is providing the required supporting documentation with this request.

SECTION 4 - DECLARATION

s. For Individual Victim:
I, _____,
am the victim named in a federal criminal judgment as
being entitled to restitution payments. By signing my
name below, I declare under penalty of perjury that the
foregoing information and supporting documentation are
true and correct.

t. For Representative of Individual or Organizational Victim:
I, _____
am the authorized representative of
(victim name) _____
who was named in a federal criminal judgment as being entitled to
restitution payments. By signing my name below, I declare under
penalty of perjury that the foregoing information and supporting
documentation are true and correct.

Printed Name:

Signature:

Date:

Instructions for Completing Victim Address Change Form

This form is to be used by a victim or a victim’s authorized representative to change the address of a criminal restitution victim. Once approved, all future restitution payments will be sent to the new address. Please follow the instructions below for completing and submitting this form. An employee of the District Clerk’s Finance Office will contact you if the court requires additional information to support this request.

SECTION 1 - VICTIM INFORMATION

- Box a** Enter the victim’s name as it appears on the criminal judgment or order of restitution.
- Boxes b-d** Provide the court case number, defendant’s name, and U.S. Attorney’s victim number if known.
- Boxes e-j** Provide the address currently on file or previous address with the court and other contact information. If more than one previous address, please attach a separate sheet listing all previous addresses.
- Box k** If you are the victim, skip to SECTION 2.
If you are not the victim, but are completing this form as the authorized representative of the victim, check the box “Check if request is being made by an authorized representative of the victim”, enter your name, and check the appropriate box describing your relationship to the victim.

SECTION 2 - NEW ADDRESS

- Boxes l-q** Enter the new address to which restitution payments should be sent and other contact information.

SECTION 3 - SUPPORTING DOCUMENTATION

- Box r** Check Box r in Section 3 to indicate that you have read these instructions and check one of the boxes below to indicate which supporting documentation you are providing to support the change of address request. At least one of these documents is required to support the request.

| Documentation Requirements for Individual Address Change |
|--|
| A copy of a driver’s license or other government issued ID that has the victim’s new address. |
| A copy of a change of address form filed with the U.S. Postal Service with the new address. |
| A copy of automobile or homeowner’s/renter’s insurance policy or bill with the new address |
| A copy of a utility bill that shows the victim payee’s name and new address |
| Other – e.g., payroll check stub issued by an employer, voter registration card, mortgage statement, or lease agreement with the new address |
| Documentation Requirements for Organizational Address Change |
| A letter requesting the change of address on the entity’s letterhead and signed by an authorized representative. |

SECTION 4-DECLARATION

- Boxes s-t** By signing this form, you declare under penalty of perjury that the information and the supporting documentation you provide are true and correct.

HOW TO SUBMIT

The completed form and supporting documentation should be mailed or emailed to the Clerk’s Office at:

U.S. Mail: U.S. District Court, Northern District of California Email: CAND_Finance@cand.uscourts.gov
 Finance Office
 450 Golden Gate Avenue, 16th floor
 San Francisco, CA 94102